FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	Prefix		Serial
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4.	U -				L	
Name of Offering	(check if this i	s an amendment and na	ne has changed, an	d indicate cl	hange.)	
December 200	7 Offering		_			
Filing Under (Check	k box(es) that apply):	□ Rule 504	☐ Rule 505	Rule	506 Section	4(6) ULOE
Type of Filing:	New Filing	☐ Amendment				
			DENTIFICATION	N DATA		
	ation requested about t					
Otter Tail Ag l	Enterprises, LLC	nendment and name has				A STATE OF THE STA
Address of Executive 24096 170 th A	e Offices venue, Fergus Fall	s, MN 56537	reet, City, State, Zi	,	Telephone Number (218-998-4301	
(if different from Ex		(Number and S	treet, City State, Zi	p Code) ESSED	Telephone Number (08049665
Brief Description of	Business		J)			
Ethanol Plant			MAY 0	8 2008		
			1	-	_	
Type of Business Or	roanization		ITOMSON	REUTER	other (please specify	v): Limited Liability
corporation	iganization	☐ limited partnership	o, already formed	(Company	y). Diffice Diability
□ business trust		☐ limited partnership	· · · · · · · · · · · · · · · · · · ·			
	•	Ininited partnersing		Year		
	Date of Incorporation poration or Organizati	or Organization: [on: (Enter two-letter U. CN for Canada; FN	0 1 0 S. Postal Service al	5 breviation	for State:	mated N
et sec. or 15 U.S.C.	ll issuers making an o 77d(6).	-			-	ction 4(6), 17 CFR 230.501
		nission (SEC) on the owhich it is due, on the o				e address given below or, ied mail to that address.
Where To File: U.S	S. Securities and Excha	nge Commission, 450 F	ifth Street, N.W., V	Vashington,	D.C. 20549.	
		otice must be filed with y signed copy or bear ty			manually signed. Any	y copies not manually
ing, any changes the	hereto, the informatio		and any material			me of the issuer and offer- reviously supplied in Parts
Filing Fee: There is	s no federal filing fee.					
State:	_					
This notice shall be that have adopted Usin each state where tion, a fee in the	JLOE and that have ac sales are to be, or ha proper amount shall	lopted this form. Issued we been made. If a state accompany this form. It is a part of this notice are	rs relying on ULOF ate requires the pay This notice shall	must file a must of a ment	a separate notice with the fee as a precondition to	of securities in those states the Securities Administrator to the claim for the exemp- in accordance with state
failure to file tl	he appropriate fe	oropriate states wi	ill not result in ot result in a			emption. Conversely, exemption unless such
		A. RASIC I	DENTIFICATION	N DATA		· · · · · · · · · · · · · · · · · · ·

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ■ Beneficial Owner ☐ Director ☐ General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Longtin, Kelly Business or Residence Address (Number and Street, City, State, Zip Code) 24096 170th Avenue, Fergus Falls, MN 56537 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Hicks, Anthony Business or Residence Address (Number and Street, City, State, Zip Code) 24096 170th Avenue, Fergus Falls, MN 56537 ☐ Promoter ☐ General and/or Check Box(es) that Apply: Executive Officer □ Director Beneficial Owner Managing Partner Full Name (Last name first, if individual) Larson, Jerry Business or Residence Address (Number and Street, City, State, Zip Code) 26474 180th Avenue, Elbow Lake, MN 56531 Check Box(es) that Apply: Promoter ☐ Executive Officer ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Rogness, Leland R. Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 53, Fergus Falls, MN 56537 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Ronnevik, Hans Business or Residence Address (Number and Street, City, State, Zip Code) 28768 County Highway 21, Fergus Falls, MN 56537 ☐ Beneficial Owner Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Ellison, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 18414 260th Avenue, Elbow Lake, MN 56531 ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Deal, Philip Business or Residence Address (Number and Street, City, State, Zip Code) 1407 Second Avenue South, Wheaton, MN 56296 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

		A. BASIC IDENTIFI	CATION DATA		
Enter the information requ		-	_		
•		er has been organized withir	•	a 100/	
 Each beneficial own of the issuer; 	ner having the pow	er to vote or dispose, or dire	ect the vote or disposition o	t, 10% or more of	a class of equity securities
		corporate issuers and of corp	orate general and managing	g partners of partner	rship issuers; and
Each general and m	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Mehl, Edward	findividual)				
Business or Residence Addre	ss (Number and St	treet, City, State, Zip Code)			
P.O. Box 66, 530 Co	entennial Avenu	e West, Underwood, M	fN 56586		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it Rust, Gerald	f individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
	•	enwood, MN 56334			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, it Stanislawski, Jeff	f individual)				. Tuning running
Business or Residence Addre	ss (Number and St	treet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
128 East Washingto	n Avenue, Ferg	us Falls, MN 56537			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, in Tobkin, Ron	f individual)		, , , , , , , , , , , , , , , , , , ,		
Business or Residence Addre	ss (Number and St	treet, City, State, Zip Code)			
43555 East Paul Lal	ke Drive, Perhar	n, MN 56573			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Piekarski, Jonathan	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code)			
24479 120th Avenue	e, Fergus Falls, N	MN 56537-7105			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Smith, Gregory M.	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code)			
23133 Birchwood E	Estates Road, Fei	rgus Falls, MN 56537			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
(Use blank sheet, or copy and	l use additional cop	ies of this sheet, as necessar	y.)		

l.	Has the issu	er sold, or o	loes the issu	ier intend to	sell, to non	-accredited	investors in	this offerin	g?		Ye	
					o in Append				_		_	
2.								\$ <u>2</u>	\$2,000.00			
_	Does the offering permit joint ownership of a single unit?								Ye			
3.			•	-	-							1 □
4.	Enter the in sion or simi to be listed list the nam or dealer, yo	lar remuner is an assoc e of the br	ation for so liated perso oker or dea	licitation of n or agent ler. If mor	purchasers of a broker than five	in connection or dealer re (5) persons	on with sale egistered with to be listed	es of securit ith the SEC	ies in the of and/or wit	fering. If a h a state or	person states,	
Full Nar	ne (Last name	first, if inc	lividual)	· · · · ·								
Business	s or Residence	e Address (Number and	d Street, Cit	y, State, Zip	Code)						
Name of	f Associated E	Broker or De	ealer									
States in	Which Perso	n Listed Ha	s Solicited	or Intends to	o Solicit Pur	chasers						
(Ch	eck "All State	es" or checl	c individual	States)		• • • • • • • • • • • • • • • • • • • •		*******				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[YY] [YT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Nar	ne (Last name	first, if inc	lividual)					,				
Business	s or Residence	e Address (Number and	d Street, Cit	y, State, Zip	Code)						
Name of	f Associated E	Broker or D	ealer									
States in	Which Perso	n Listed Ha	s Solicited	or Intends to	o Solicit Pu	chasers						
(Ch	neck "All Stat	es" or checl	k individual	States)				•••••				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	(NM) (UT)	[YY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	ne (Last name					(, -)	(,	[,,,,,]		[]		
										_		
Busines	s or Residence	e Address (Number an	d Street, Cit	y, State, Zip	Code)						
Name of	f Associated I	Broker or D	ealer									
												. <u></u>
States in	Which Perso	n Listed Ha	s Solicited	or Intends to	o Solicit Pui	rchasers						
(Cł	neck "All Stat	es" or checl	k individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
						e additional		 -				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify <u>LLC Units</u>)	\$ <u>6,000.00</u>	\$ <u>6,000.00</u>
	Total	\$ <u>6,000.00</u>	\$ <u>6,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	F	Number Investors	Dollar Amount of Purchases
	Accredited Investors	3	\$ <u>6,000.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	3	\$ <u>6,000.00</u>
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	0	\$0
	Regulation A	0	\$0
	Rule 504	LLC Units	\$ <u>525,000.00</u>
	Total		\$ <u>525,000.00</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Sales Commissions (specify finders' fees separately) Other Expenses (identify)		\$ \$

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AND USI	OF P	ROCEEDS		
	b. Enter the difference between the aggregate of and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference	is the		\$ <u>.</u>	,000
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amou estimate and check the box to the left of the est the adjusted gross proceeds to the issuer set f	unt for the purpose is not known, furni imate. The total of the payments listed must	sh an equal	Payments to Ófficers, Directors, & Affiliates	Ī	Payments to Others
	Salaries and fees		□ \$_		□ \$_	
	Purchase of real estate		□ \$_		□ \$_	
	Purchase, rental or leasing and installation of	f machinery and equipment	□ \$_		S _	
	Construction or leasing of plant buildings an	d facilities	□ \$_			
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e value of securities involved in this e assets or securities of another	□ \$_		□ \$_	
	Repayment of indebtedness		□ \$_		□ \$_	
	Working capital		□ \$_		□ \$_	
	Other (specify): acquisition of land easement	nt	□ \$_		□ \$ <u>.</u> €	000
			□ \$_		□ s _	
	Column Totals		□ \$_		□ \$ <u>6</u>	.000
	Total Payments Listed (column totals added)		☐ \$ <u>-</u>	6,000	
		D FEDERAL SIGNATURE				
llowing	er has duly caused this notice to be signed by g signature constitutes an undertaking by the is its staff, the information furnished by the issuer	ssuer to furnish to the U.S. Securities and	Exchai	nge Commission	on, upo	Rule 505, the n written re-
ssuer	(Print or Type)	Signature		Date	1 ~	1 ~
	er Tail Ag Enterprises	8		4	28	08
	of Signer (Print or Type)	Title of Signer (Print or Type)		,		1
Ant	hony Hicks	Chief Financial Officer				
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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)